

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF
COMMITTEE (in full)☐(Check if name
is changed)Example: If typing, type
over the lines.

12FE4M5

Ceiling PAC

ADDRESS (number and street)

PO Box 583097

☐(Check if address
is changed)

Minneapolis

CITY ▲

MN

STATE ▲

55458-3097

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐(Check if address
is changed)

contact@ceilingpac.org

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐(Check if address
is changed)

https://www.ceilingpac.org/

2. DATE

MM / DD / YYYY
01 / 17 / 2015

3. FEC IDENTIFICATION NUMBER ►

C

C00566257

4. IS THIS STATEMENT

☐

NEW (N)

OR

☒

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Renken, James, Philip, ,

Signature of Treasurer

Renken, James, Philip, ,

[Electronically Filed]

Date

MM / DD / YYYY
04 / 28 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)